

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024740

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 299

FILED JUL 3 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Independence

Length of stay in 1b

45 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

9501 Kentucky

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY

Independence

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

9501 Kentucky

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

John

Middle

R.

Last

Muncaster

## 4. DATE OF DEATH

Month

June

Day

25

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-8-1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clothing Cutter

## 10b. KIND OF BUSINESS OR INDUSTRY

Henderson, Kentucky

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John W. Muncaster

## 13b. MOTHER'S MAIDEN NAME

Mary Randolph

## 14. NAME OF HUSBAND OR WIFE

Alma Muncaster

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Indep. Mo.

Mrs. Frank Paulin, 9501 Kentucky

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bilateral Branchial Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Uremia

7 wks

## DUE TO (c)

Bilateral Pyelonephritis

unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 5-25-63 to 6-25-63 and last saw her alive on 6-24-63  
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D. H. Morrison D.O.

## 22b. ADDRESS

2014 Swift, North K.C., Mo

## 22c. DATE SIGNED

6-26-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-27-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Floral Hills Funeral Home  
Kansas City, Missouri

## 25. DATE RECD. BY LOCAL REG.

6-27-63

## 26. REGISTRAR'S SIGNATURE

Alma L. Cray

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

